STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004904	A. BUILDING: _____ B. WING _____	C 05/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD PLACE	297 S 100 E WASHINGTON, IN 47501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00195692. Complaint number IN00195692 Unsubstantiated due to lack of evidence. Survey date: May 24, 2016 Census Bed type: Residential : 30 Total: 30 Census Payor type: Other: 30 Total: 30 Sample: 3 Emerald Place was found to be in compliance with 410 IAC 16.2-5 in regard to Investigation of Complaint IN00195692. QR was completed by 99993 on 05/24/16.	R 000		